



File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

MERTZ FOR REPRESENTATIVE

IMPORTANT: Indicate by # type of committee you are reporting for. 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

DOLORES M. MERTZ

Political Party (if applicable)

DEMOCRAT

Office Sought

HOUSE OF REPRESENTATIV

District (if Senate or House)

8

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

527

Logged In

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Scanned

Computer

Audited

7 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Dolores Thilges
SIGNATURE OF PERSON FILING REPORT

515-924-3609
TELEPHONE

10-30-08
DATE SIGNED

I AM FILING A October 31, 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

35,274.57

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

11,505.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

46,779.57

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

18,399.96

Schedule F: Loan Repayments total (Attach Schedule F)

28,379.61

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

**UNPAID BILLS (From Schedule D - Attach Schedule D)

1,311.86

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MBRTZ FOR REPRESENTATIVE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-23-08	ID# CK# 8603	WYETH GOOD GOV. FUND FIVE GIRALDA FARMS MADISON NJ 07940		\$400.00	<input type="checkbox"/>
10-23-08	ID# CK# 1421	IOWA AGRI BUSINESS EMPLOYEES 900 DES MOINES STREET DES MOINES, IA 50309		500.00	<input type="checkbox"/>
10-23-08	ID# CK# 1879	WELL PAC 636 GRAND AVE STATION 13 DES MOINES, IA 50309		250.00	<input type="checkbox"/>
10-23-08	ID# 6125 CK# 2749	IOWA REALTORS 1370 NW 114TH ST # 100 CLIVE, IA 50325		1,000.00	<input type="checkbox"/>
10-23-08	ID# CK# 6245	H. ALLAN STURGEON 809 N. RUSTIN ST. SIOUX CITY, IA 51105		100.00	<input type="checkbox"/>
10-23-08	ID# 6237 CK# 2095	ABATE 3118 EASTERN AVE NE CEDAR RAPIDS, IA 52402		500.00	<input type="checkbox"/>
10-23-08	ID# CK# 170	DON TYSON P.O. BOX 21020 SPRINGDALE AR 72765		500.00	<input type="checkbox"/>
10-23-08	ID# CK# 1186	JOHN TYSON P.O. BOX 2020 SPRINGDALE AR 72765		500.00	<input type="checkbox"/>
10-23-08	ID# 6400 CK# 634	IOWA RESTAURANT ASSOC 8525 DOUGLAS SUITE 47 DES MOINES, IA 50322		100.00	<input type="checkbox"/>
10-23-08	ID# 6282 CK# 1789	HY-VEE INC. EMPLOYEES 5820 WESTOWN PARKWAY WEST DES MOINES, IA 50266-8223		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4350.00	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MERTZ FOR REPRESENTATIVE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-23-08	ID# CK# 10193	JAMES D. BARTOSH 305 3RD AVE NW POCAHONTAS, IA 50574		\$30.00	<input type="checkbox"/>
10-23-08	ID# CK# 6608	KOCHPAC 655 15TH STREET NW SUITE 445 WASHINGTON DC 20005		500.00	<input type="checkbox"/>
10-23-08	ID# 6475 CK# 2754	CASEYTS PAC PO BOX 3001 ANKENY IA 50021		250.00	<input type="checkbox"/>
10-23-08	ID# CK# 143	MIDWEST GRAIN PROCESSORS 1660 428TH ST LAKOTA, IOWA 50451		250.00	<input type="checkbox"/>
10-23-08	ID# CK# 1166	GOLDEN GRAIN ENERGY 1822 43RD ST SW MASON CITY, IOWA 50401-7071		500.00	<input type="checkbox"/>
10-23-08	ID# CK# 3018	LSCP PAC 4808 F AVE MARCUS IA 51035		200.00	<input type="checkbox"/>
10-23-08	ID# CK# 1018	LINCOLNWAY ENERGY PAC 59511 W LINCOLN HWY NEVADA IA 50201		200.00	<input type="checkbox"/>
10-23-08	ID# CK# 1020	WESTERN IOWA ENERGY LLC PAC PO BOX 399 WALL LAKE IA 51466		100.00	<input type="checkbox"/>
10-23-08	ID# CK# 1065	SIOUXLAND ENERGY/LIVESTOCK COOP 3890 GARFIELD AVE SIOUX CENTER IA 51250		100.00	<input type="checkbox"/>
10-23-08	ID# CK# 1042	MIDWEST 1636 NW 114TH ST CLIVE IA 50325		150.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2280.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
 (Including candidate's personal funds)

 COMMITTEE NAME (Must be same as on Statement of Organization)
 MERTZ FOR REPRESENTATIVE

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-23-08	ID# CK# 2912	HOWARD HILL 59211 300TH ST CAMBRIDGE IA 50046		\$250.00	<input type="checkbox"/>
10-23-08	ID# CK# 4028	JULIE MASCHHOFF 18391 POST OAK RD CARLYLE IL 62231		200.00	<input type="checkbox"/>
10-23-08	ID# CK# 6036	JAMES R. VOIGT 307 E. CALL ST PO BOX 678 ALGONA, IOWA 50511		200.00	<input type="checkbox"/>
10-23-08	ID# CK# 5358	STEVE R. THUL 1016 130TH ST. BODE IA 50519		75.00	<input type="checkbox"/>
10-23-08	ID# CK# 1307	LORI L. WILSON 207 N. CLARKE ALGONA, IA 50511		75.00	<input type="checkbox"/>
10-23-08	ID# CK# 2967	LORI D. JORGENSEN 306 ASH ST PO BOX 125 FENTON, IA 50539		50.00	<input type="checkbox"/>
10-23-08	ID# CK# 8255	DENNIS P. KOLLASCH 709 4TH ST PO BOX 218 WHITEMORE, IA 50598		100.00	<input type="checkbox"/>
10-23-08	ID# CK# 1012	CENTRRAL IOWA ENERGY 3426 E 28TH ST N NEWTON, IA 50208		50.00	<input type="checkbox"/>
10-27-08	ID# 9742 CK# 1244	ALL CHRLDREN MATER-IOWA 951 IOWA ST DUBUQUE IOWA 52001		1000.00	<input type="checkbox"/>
10-27-08	ID# CK# 1003	IOWA POULTRY 8515 DOUGLAS AVENUE SUITE 9 URBANDALE IA 50322-2924		500.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2500.00	
TOTAL (if last page of this schedule)				\$	

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 (for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MERTZ FOR REPRESENTATIVE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-27-08	ID# 9737 CK# 1132	IOWA HARNESS HORSEMAN ASSOC. P.O. BOX 107 GRINNELL, IA 50112		\$150.00	<input type="checkbox"/>
10-27-08	ID# CK# 1003	IOWA QUARTER HORSE RACING 3535 E COURT AVE DES MOINES IA 50317		500.00	<input type="checkbox"/>
10-27-08	ID# 9743 CK# 124	IOWA TURKEY FEDERATION PO BOX 825 IOWA TURKEY FEDERATION		500.00	<input type="checkbox"/>
10-27-08	ID# 6069 CK# 2580	IOWA INDUSTRY PAC 904 WALNUT SUITE 100 DES MOINES IA 50309-3503		250.00	<input type="checkbox"/>
10-27-08	ID# 6160 CK# 2340	IOWA INDEPENDENT BANKERS 1603 22ND STREET SUITE 102 WEST DES MOINES IA 50266		500.00	<input type="checkbox"/>
10-27-08	ID# CK# 1517	DIANE ABOUD 825 S. MINNESOTA ST. ALGONA, IOWA 50511		25.00	<input type="checkbox"/>
10-27-08	ID# CK# 845	IOWA FEDERATION OF ANIMAL OWNERS ROB HURD 701 E 1ST AVE		200.00	<input type="checkbox"/>
10-27-08	ID# CK# 4069	KELLY L. VONNAHME 305 3RD AVE SW POCAHONTAS, IA 50574		150.00	<input type="checkbox"/>
10-27-08	ID# CK# 1485	NILE D RAMSBOTTOM 2803 HEATHROW DR APT 288 AMES, IA 50014		75.00	<input type="checkbox"/>
10-27-08	ID# CK# 1138	STEVEN L FALCK 1305 LOCUST ST # 8 DES MOINES, IA 50309		250.00	<input type="checkbox"/>
SUB-TOTAL				\$ 2375.00	
TOTAL (if last page of this schedule)				\$ 11,505	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

MERTZ FOR REPRESENTATIVE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-16-08	ID# CK#923	KHBT Radio Station 2196 Montana Ave Humboldt, Iowa 50548	adds	\$ 800.00
10-16-08	ID# CK#924	KLGA Radio Station Algona, Iowa 50511	adds	1774.00
8/28/08	ID# CK#	Bank of America Algona, Iowa 50511	new checks bank charge	21.00
10-18-08	ID# CK#925	ABC Signs & Display 3300 101 st St. Urbandale, Iowa 50322	signs	409.96
10-18-08	ID# CK#926	House Truman Fund 5661 Fleur Drive Des Moines, Ia 50319	donation	15,000.00
10-22-08	ID# CK#927	Dolores M. Mertz 607 110th St Ottosen, Iowa 50570	Air Fare for ALEC Mt.	395.00
10-27-08	ID# CK#928	Bank of America Algona, Iowa 50511	transfer of funds into new acct. 25,000 not an expenditure, all funds will be in same acct. when all checks clear.	
	ID# CK#			
SUB-TOTAL				\$ 18,399.96
TOTAL (if last page of this schedule)				\$ 18,399.96

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

MERTZ FOR REPRESENTATIVE

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/15/08	House Truman Fund 5661 Fleur Dr. Des Moines, Ia. 50321		invites & postage for PAC event	\$ 13.33	<input type="checkbox"/>
10-20-08	Iowa Farm Bureau 5400 University Avenue West Des Moines Ia 50266-5997		mailing	1,298.53	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 1,311.86	
TOTAL (if last page of this schedule)				\$ 1,311.86	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

 Page 1 of 1
(for Schedule E)